

OF THE STATE OF HAWAII

In the Matter of the Application of

(Name of Seller/Transferor)

To Transfer a Motor Carrier Certificate, Permit or
Carrier Property Pursuant to Section 271-18,
Hawaii Revised Statutes.

DOCKET NO. _____

**APPLICATION FOR TRANSFER OF MOTOR CARRIER
CERTIFICATE, PERMIT OR CARRIER PROPERTY**

1. SELLER/TRANSFEROR'S FULL NAME IS:
- a. Name _____
Trade name _____
- b. Mailing address _____
_____ Zip Code _____
- c. Business phone _____ Residence phone _____
- d. PUC Certificate or Permit Number _____
- e. CORRESPONDENCE AND COMMUNICATIONS to Seller/Transferor regarding this application shall be sent to the following:
- Name _____
- Address _____
_____ Zip Code _____

If Seller/Transferor is represented by an attorney, please complete:

Name of Attorney _____

Law Firm _____

Address _____

_____ Zip Code _____

Phone number _____

2. BUYER/TRANSFeree'S FULL NAME IS:

a. Name _____

Trade name _____

(Attach a file-stamped copy of trade name registration)

b. Mailing address _____

_____ Zip Code _____

c. Business phone _____ Residence phone _____

d. PUC Certificate or Permit Number _____

e. CORRESPONDENCE AND COMMUNICATIONS to Buyer/Transferee regarding this application shall be sent to the following:

Name _____

Address _____

_____ Zip Code _____

If Buyer/Transferee is represented by an attorney, please complete:

Name of Attorney _____

Law Firm _____

Address _____

_____ Zip Code _____

Phone number _____

f. Buyer/Transferee is:

- ☐ an individual
- ☐ a partnership
- ☐ a corporation

(A partnership or corporate Buyer/Transferee must complete Exhibit A.)

g. Is Buyer/Transferee directly or indirectly affiliated with, controlled by, or under common control or management with any other motor carrier subject to the provisions of chapter 271, Hawaii Revised Statutes?

- ☐ Yes
- ☐ No

If "Yes", provide specific information of the affiliation with another motor carrier, and attach it as an exhibit to this application.

3. SELLER/TRANSFEROR SEEKS AUTHORITY TO:

- ☐ a. sell, lease, assign, mortgage, or otherwise dispose of, or encumber the whole or any part of its property, certificate, or permit
- ☐ b. merge or consolidate its property, certificate, permit, or operating rights with another motor carrier
- ☐ c. to sell or acquire the capital stock of another motor carrier

4. SELLER/TRANSFEROR'S REASONS FOR THE TRANSFER:

5. The SELLER/TRANSFEROR states that to the best of his/her knowledge, the total revenues earned from the transportation of persons or property by motor vehicle under its operating authority for the six (6) months preceding the filing of this application was \$_____. (If no revenues, provide a detailed explanation and attach as an exhibit.)

6. TRANSACTION OF SELLER/TRANSFEROR AND BUYER/TRANSFeree:

BUYER/TRANSFeree will acquire (a copy of the purchase agreement must be attached):

☐ a. Certificate No. _____

☐ in whole

☐ in part

(If only part of a certificate is to be acquired, attach an explanation describing the part to be transferred. If necessary, include a map or sketch of the area to be served, showing present and proposed operations using distinctive coloring or marking.)

☐ b. Permit No. _____

☐ in whole

☐ in part

(If only part of a certificate is to be acquired, attach an explanation describing the part to be transferred. If necessary, include a map or sketch of the area to be served, showing present and proposed operations using distinctive coloring or marking.)

☐ c. Property or motor vehicle equipment useful in the performance of transportation services for the public (list the property or motor vehicle equipment).

7. AUTHORITY TO ENTER INTO THE TRANSACTION (for corporations only):

a. If SELLER/TRANSFEROR is a corporation, attach the following:

- i. Copy of the resolution of the Seller/Transferor's board of directors authorizing the sale or transfer, and
- ii. Copy of the resolution of the Seller/Transferor's board of directors authorizing the person signing this application to submit this application to the commission.

b. If BUYER/TRANSFeree is a corporation, attach the following:

- i. Copy of the resolution of the Buyer/Transferee's board of directors authorizing the purchase or transfer, and
- ii. Copy of the resolution of the Buyer/Transferee's board of directors authorizing the person signing this application to submit this application to the commission.

8. BUYER/TRANSFeree will engage in the following operation(s):

9. BUYER/TRANSFeree proposes to use approximately _____ motor vehicles in the proposed service. Attach specific information regarding each vehicle on Exhibit B, Vehicle Inventory List. Also attach a copy of the certificate of ownership or registration for each vehicle.

10. BUYER/TRANSFeree will:

☐

a. Join and participate in the published tariff of:

☐

Western Motor Tariff Bureau, Inc.

☐

Hawaii State Certified Common Carriers Association

☐

b. Not participate in a tariff bureau. Attach as an exhibit to the application, a proposed tariff that contains the rates or fares proposed to be charged and the rules and regulations governing service.

11. BUYER/TRANSFeree is fit, willing, and able to properly perform the service proposed in this application. Buyer/Transferee has the experience, facilities, and financial security to provide the services proposed in this application as follows:

a. Experience:

State the transportation experience of Buyer/Transferee, such as driving, managing, dispatching, overall knowledge of the transportation industry and length of residence in the State of Hawaii. List key personnel responsible for operation of the proposed operation and their qualifications.

b. Facilities:

State the character and location of physical facilities to be used in the proposed operation. State whether facilities are owned or will be leased or rented. (Indicate if Buyer/Transferee will be operating from a residence.)

c. Financial security:

- i. Is Buyer/Transferee able to secure sufficient amounts of surety bonds, policies of insurance, or other security for the protection of the public in such reasonable amounts as the commission may require?

☐ Yes

☐ No

If "Yes", provide the following:

Insurance company _____

Name of agent _____

Phone number _____

- ii. **Attach the following information regarding Buyer/Transferee:**

EXHIBIT C, Balance Sheet
EXHIBIT D, Fixed Assets Schedule
EXHIBIT E, Loans Payable Schedule
EXHIBIT F, Projected PUC Operating Revenues and Statistics
EXHIBIT G, Projected Income Statement

- d. **Provide the following information for Buyer/Transferee:**

State of Hawaii General Excise License No. _____

Individuals:

Social Security No. _____

Corporations, partnerships:

Federal I.D. No. _____

12. **TO BE COMPLETED BY BUYER/TRANSFeree:**

- a. **COMMON CARRIER CERTIFICATES:**

Provide the reasons that the proposed service as a common carrier is or will be required by the present and future public convenience and necessity. **Attach** copies of letters from prospective customers that support the application.

- b. **CONTRACT CARRIER PERMITS:**

- i. **Provide the reasons that the proposed service of a contract carrier is consistent with the public interest and transportation policy.**

- ii. List each person or company to be served. Attach a copy of each contract or agreement.

Name

Address

13. Both SELLER/TRANSFEROR and BUYER/TRANSFEE understand that the filing of this application does not, in itself, constitute approval of the proposed transaction.
14. WHEREFORE, Seller/Transferor and Buyer/Transferee pray that the PUBLIC UTILITIES COMMISSION enter an order approving and authorizing this application with the terms and conditions and other modifications as the commission finds to be just and reasonable.

SELLER/TRANSFEROR and BUYER/TRANSFEE certify that the representations in this application and attached exhibits are true, correct, and complete, based on Seller/Transferor's and Buyer/Transferee's knowledge and belief, and made in good faith.

DATED this _____ day of _____, 19_____.

(Signature of Seller/Transferor in black ink)

(Signature of Buyer/Transferee in black ink)

OATH OF SELLER/TRANSFEROR

County of _____)
 _____) SS
 State of _____)

_____ (Name of Seller/Transferor), being duly sworn, states that he/she files this application as _____ (indicate whether owner or attorney, or list title if officer or other authorized representative of Seller/Transferor), that in such capacity, he/she is qualified and authorized to file and verify this application; and that he/she has carefully examined all the statements and matters contained in the application; that all such statements made and matters set forth therein are true and correct to the best of his/her knowledge, information, and belief. Affiant further states that the application is made in good faith and with the intention of presenting evidence in support of each statement in the application.

(Signature in black ink)

Subscribed and sworn to before me this _____ day of _____

Notary Public, State of Hawaii

My commission expires: _____

County of _____)
 State of _____) SS

(Signature in black ink)

_____ day of _____

My commission expires: _____

CERTIFICATE OF SERVICE

The Seller/Transferor and Buyer/Transferee hereby certify that I served a copy of the foregoing application, together with this Certificate of Service, by mailing a copy by United States mail, postage prepaid, has been served to the following:

HAWAII TRANSPORTATION ASSOCIATION
P. O. Box 30166
Honolulu, HI 96820

OAHU PASSENGER CARRIER ONLY:

HAWAII STATE CERTIFIED COMMON CARRIERS ASSOCIATION
P. O. Box 88692
Honolulu, HI 96830-8692

The Seller/Transferor and Buyer/Transferee hereby further certify that TWO (2) COPIES of this application, together with this Certificate of Service, have been served by United States mail, postage prepaid, to:

DIVISION OF CONSUMER ADVOCACY
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
P. O. Box 541
Honolulu, HI 96809

DATED this _____ day of _____, 19_____.

(Signature of Seller/Transferor in black ink)

(Signature of Buyer/Transferee in black ink)

EXHIBIT A

PARTNERSHIP OR CORPORATION INFORMATION

(Page 1 of 2)

Partnership or corporate Buyer/Transferee:

1. Registered or Incorporated in the State of _____
2. Date of Registration _____
3. ATTACH copies of Articles of Incorporation or Partnership Agreement.
4. Partnerships:

The name and residence address of each partner and percent interest held in the partnership is:

<u>Name</u>	<u>Address</u>	<u>% Interest</u>
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5. Corporations:

- a. The following persons are the officers and directors of the corporation:

<u>Name and Office</u>	<u>Address</u>	<u>Shares Held</u>	
		<u>Number</u>	<u>% Interest</u>

EXHIBIT A

PARTNERSHIP OR CORPORATION INFORMATION

(Page 2 of 2)

- b. The name and address of stockholders of the corporation other than those listed in a.: (If more than 10, list major stockholders.)

c. Authorized capitalization: \$ _____

Par value per share: \$ _____

Authorized no. of shares: _____

Total stock issued: _____

6. Do any of the principal stockholders of the corporation or any of the partners hold stock or interest in other motor carriers in the State of Hawaii or other states:

☐ Yes

☐ No

If "Yes", furnish name(s) of stockholder, or partner and the name of the company in which concurrent interest is held and the per cent interest held in each listed corporation or partnership.

VEHICLE INVENTORY LIST

Year	Make and Body Type	License No.	Serial No.	(Passenger Carriers only) Seating Capacity	State Whether Leased Or Owned
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EXHIBIT C

BALANCE SHEET

As of _____, 19____

APPLICANT: _____
 ADDRESS: _____

ASSETS: (Use Whole Dollars)

1. Cash		
2. Accounts Receivable		
2a. Due from officers		
2b. Due from others (Describe on Separate Sheet)		
2c. Total Accounts Receivable (Add Lines 2a and 2b)		
3. Fixed Assets (Exhibit D, Line 5, Col. 3)		
4. Investments		
5. Prepayments – deposits, prepaid insurance, etc.		
6. Other (Describe):		
7.		
8.		
9.		
10.		
11. TOTAL ASSETS (Add Lines 1, 2c, 3 to 10)		

LIABILITIES & OWNERS' EQUITY:

<u>Liabilities:</u>		
12. Accounts Payable		
13. Taxes Payable		
14. Loans Payable (Exhibit E, Line 3, Col. 4)		
15. Other Liabilities (Describe on Separate Sheet)		
16. TOTAL LIABILITIES Add Lines 12 to 15		
<u>Owners' Equity:</u>		
17. Capital Stock (Corporation Only)		
18. Paid in Capital (Corporation Only)		
19. Retained Earnings (Corporation Only)		
20. Owners Equity (Proprietorships & Partnerships)		
21. TOTAL OWNERS' EQUITY (Add Lines 17 to 20)		
22. TOTAL LIABILITIES & OWNERS' EQUITY: (Add Lines 16 and 21)		

EXHIBIT D

FIXED ASSETS SCHEDULE

As of _____, 19____

APPLICANT: _____

ADDRESS: _____

(Use Whole Dollars)

Description	(1) Original Cost	(2) Accumulated Depreciation	(3) Net (Column 1 less 2)
1. PUC Vehicles (Auto/Truck/Van/Etc.): (List Each Vehicle Separately - if there are more vehicles, provide information on a separate sheet)			
1a.			
1b.			
1c.			
1d.			
1e.			
1f.			
1g.			
1h.			
2. Non-PUC Vehicles			
3. Land, Buildings & Improvements			
4. Other Fixed Assets (Describe)			
4a.			
4b.			
4c.			
4d.			
4e.			
5. Total (Add Lines 1a to 4e)			

*Transfer Line 5, Col. 3 to Line 3 of Balance Sheet, Exhibit C.

EXHIBIT E

LOANS PAYABLE SCHEDULE

As of _____, 19____

APPLICANT: _____

ADDRESS: _____

(Use Whole Dollars)

Name of Lender/Type of Loan	(1) Date of Loan	(2) Term of Loan	(3) Original Amount	(4) Balance Due
1. Loans from Officers/Partners				
1a.				
1b.				
1c.				
2. Other Loans (Describe)				
2a.				
2b.				
2c.				
2d.				
2e.				
2f.				
2g.				
2h.				
2i.				
2j.				
3. Total (Add Lines 1a to 2j)				*

*Transfer Line 3, Col. 4, to Line 14 of Balance Sheet, Exhibit C.

EXHIBIT F

PROJECTED PUC OPERATING REVENUES AND STATISTICS

For the 12 Month Period Ending _____, 20____

APPLICANT: _____
ADDRESS: _____

ISLAND: _____

PASSENGER CARRIERS: (Use Whole Dollars)

Description	(1) PUC Operating Revenues	(2) Average Tariff Rate	(3) Number of Passengers	(4) Number of Trips
1. Tour				
2. Transfer (From/To Airport)				
3. Shuttle				
4.				
5.				
6.				
7.				
8.				
9.				
10. Total (Add Lines 1 to 9) *				

* Transfer Line 10, Col. 1, to Line 1 of Projected Income Statement, Exhibit G.

PROPERTY CARRIERS: (Use Whole Dollars)

Description	(1) PUC Operating Revenues	(2) Average Tariff Rate	(3) Revenue Miles	(4) Revenue Hours	(5) Tons Hauled
1. General Commodities					
2. Household Goods					
3. Household Goods - Military					
4. Dump Truck					
Specific Commodities					
(List Type of Comodity):					
5.					
6.					
7.					
8.					
9.					
10. Total (Add Lines 1 to 9) *					

* Transfer Line 10, Col. 1, to Line 1 of Projected Income Statement, Exhibit G.

EXHIBIT G

PROJECTED INCOME STATEMENT

For the 12 Month Period Ending _____, 20____

APPLICANT: _____

ADDRESS: _____

(Use Whole Dollars)

DESCRIPTION	AMOUNT	TOTAL
1. Total Operating Revenues (Exhibit F, Line 10)		
Operating Expenses:		
2. Advertising		
3. Dues & License		
4a. Equipment Rental - Leased Vehicles		
4b. Equipment Rental - Others		
5. Fuel & Oil		
6. Insurance		
7. Legal & Accounting		
8. Office Supplies		
9. Payroll - Drivers		
10. Payroll - Others		
11. Payroll Taxes & Fringe Benefits		
12. Rent - Office/Terminal		
13. Repairs & Maintenance - Auto		
14. Telephone/Utilities		
15. PUC Motor Carrier Fee (Multiply Gross Revenues (Line 1) by .25% (.0025))		
16. Public Service Company Tax (in lieu of General Excise Tax) (Multiply Gross Revenues (Line 1) by 4% (.04))		
17. Airport Transfer Fee (See Instructions for Exhibit G)		
18a. Depreciation - PUC Vehicles		
18b. Depreciation - Other Fixed Assets		
19. Other Expenses (Describe):		
20.		
21.		
22.		
23.		
24.		
25. Total Operating Expenses (Add Lines 2 to 24)		
26. OPERATING INCOME (Line 1 less Line 25)		
27. OPERATING RATIO (Line 25 divided by Line 1)		%
28. Non - PUC Income (Describe on separate sheet)		
29. NET INCOME BEFORE INCOME TAXES (Line 26 plus line 28)		